Ma EV 325031109

PTO/SB/01 (10-01)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE of a collection of information unless it contains a valid OMB control number.

der the Paperwork Reduction Act of 1995, no persons are require

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

Declaration Submitted With Initial Filing

OR

☑Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

| ed to respond to a conection of | | | _ |
|---|------------------|----------------|---|
| Attorney Docket Number First Named Inventor | | 5003073-046US1 | |
| | | Iqbal Ahmed | |
| CC | MPL | ETE IF KNOWN | |
| Application Number | 10/0 | 685,080 | |
| Filing Date | October 14, 2003 | | |
| Group Art Unit | | | |
| Examiner Name | | | |

| · · · · · · · · · · · · · · · · · · · | | | | | | | |
|---|--|--|--|---------------------------------------|-----------------|--|--|
| As a below named inventor, I hereby declare that: | | | | | | | |
| My residence, post office address, and citizenship are as stated below next to my name. | | | | | | | |
| I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled: | | | | | | | |
| SUPERABSORBE | NT POLYMER AQUE | OUS PASTE AND | COATING | | | | |
| | | . ** | | | | | |
| | | | | | | | |
| | | | | | | | |
| the specification of which | (Title of the | e Invention) | | | | | |
| is attached hereto | | | | | | | |
| OR | | | | | | | |
| was filed on (MM/DD/ | ^(YYYY) 10/14/2003 | as United States App | olication Number or | PCT Internationa | al | | |
| Application Number | 10/685,080 and | was amended on (MM/DD/Y) | m) | (i | f applicable). | | |
| I hereby state that I have revie specifically referred to above. | wed and understand the conte | nts of the above identified spe | ecification, including | g the claims as an | nended | | |
| applications, material informati | lose information which is mater ion which became available be | tween the filing date of the pr | in 37 CFR 1.56, indication and | cluding for continuthe national or PC | uation-in-part | | |
| | continuation-in-part application. | | |) for actors impor | tor's or plant | | |
| broader's rights conficate(s) | benefits under 35 U.S.C. 119(a or 365(a) of any PCT internati | ional application which desig | nated at least one | country other that | in the United | | |
| States of America, listed below breeder's rights certificate(s), claimed. | v and have also identified below or of any PCT international ap | w, by checking the box any for plication having a filing date | preign application(s before that of the | application on wh | ich priority is | | |
| Prior Foreign Application | | Foreign Filing Date | Priority | Certified Copy | Attached? | | |
| Number(s) | Country | (MM/DD/YYYY) Country | Not Claimed | YES | NO | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Additional foreign applicat | tion numbers are listed on a su | pplemental priority data shee | t PTO/SB/02B attac | ched hereto: | | | |

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

PTO/SB/01 (10-01)
Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application

| Direct all correspondence to: X Customer Number or Bar Code Labe | | 737 | | ÖR | Correspondance address below |
|--|------------------|-----------------|----------------|---------------|---------------------------------|
| Name | | | | | |
| Address | | | | | |
| City | State | | | ZII | • |
| Country | | Telepho | ne | | Fax |
| I hereby declare that all statements made herein of my own believed to be true; and further that these statements were repunishable by fine or imprisonment, or both; under 18 U.S.C application or any patent issued thereon. | nade with the kn | owledge t | hat willfi | ul false stat | ements and the like so made are |
| NAME OF SOLE OR FIRST INVENTOR: | A petition | n has b | een fi | led for th | is unsigned inventor |
| Given Name qbal (first and middle [if any]) | | Family or Su | y Name | e Ahme | d |
| Inventor's Signature Salfal Almed | | | | Date 2 | 3/08/04 |
| 3605 Chance Road, Greensboro | NC | | US | | US |
| Residence: City | State | | Count | <u>ry</u> | Citizenship |
| 2401 Doyle Street | | | | | |
| Mailing Address | | | | | |
| Greensboro | NC | | 27406 | | US |
| City | State | | Zip | | Country |
| NAME OF SECOND INVENTOR: A po | etition has be | en filed | for th | is unsign | ed inventor |
| Given Name Angela M. (first and middle [if any]) | | | y Nam rname | e Jones | · · |
| Inventor's angula mg | Mod | 7 | | Date | |
| 1608 Staley Road, High Point | NC | | US | | us |
| Residence: City | State | | Count | try | Citizenship |
| 2401 Doyle Street | | | | | |
| Mailing Address | , | | | | |
| Greensboro | NC | | 27406 | ; | us |
| City | State | | Zip | | Country |
| Additional inventors are being named on the 1 su | pplemental Addit | ional Inve | ntor(s) | sheet(s) PT | O/SB/02A attached hereto. |

a plus sign (+) inside this box

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE er the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>3</u> of <u>3</u>

| Name of Additional Joint Inventor, if any: | A petition has been filed for this unsigned inventor | | | | | |
|--|--|-----------------------|---------------------------|----------------------------|--|--|
| Given Name (first and middle | e [if any]) | Family Name or Sumame | | | | |
| Scott | | Tai | mlin | | | |
| Inventor's Signature | | | | Date 3/8/04 | | |
| 7 Oleander Point, Greensboro | NC State | Cour | US | US Citizenship | | |
| Mailing Address 2401 Doyle Street | | | | | | |
| Mailing Address | | | | | | |
| City Greensboro | NC State | ZIP | 27406 | Country | | |
| Name of Additional Joint Inventor, if any: | | | A petition has been filed | for this unsigned inventor | | |
| Given Name (first and middle (if any)) | | | Family Name or Sumame | | | |
| Scott J. | | | Smith | | | |
| Inventor's Signature | June | | | 2/27/04 Date | | |
| Residence: City 4100 Duplin Ct., Greensboro | NC State | Cour | US | US Citizenship | | |
| Mailing Address 2401 Doyle Street | | | | | | |
| Mailing Address | | | | | | |
| City Greensboro | State NC | Zip | 27406 | Country US | | |
| Name of Additional Joint Inventor, if any: | | ۰ | A petition has been filed | for this unsigned inventor | | |
| Given Name (first and middl | e (if any)) | | Fa | amily Name or Sumame | | |
| | | | | | | |
| Inventor's Signature | | | | Date | | |
| Residence: City | State | Cou | ntry | Citizenship | | |
| Mailing Address | <u>, , , , , , , , , , , , , , , , , , , </u> | | | | | |
| Mailing Address | | | | | | |
| City | State | | Zip | Country | | |

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box -> +

THADA

Express Hell No. EV 325031109

PTO/SB/81 (02-01)
Approved for use through 10/31/2002. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
to a collection of information unless it displays a valid OMB control number

| POWER OF ATTORNEY OR |
|-----------------------|
| UTHORIZATION OF AGENT |

| he Paperwork Reduction Act of 1995, no persons a | are required to respond to a collection of in | nformation unless it displays a valid OMB control number. |
|--|---|---|
| | Application Number | 10/685,080 |
| OWER OF ATTORNEY OR THORIZATION OF AGENT | Filing Date | October 14, 2003 |
| | First Named Inventor | Iqbal Ahmed |
| | Group Art Unit | |
| | Examiner Name | |
| | Attorney Docket Number | 5003073-046US1 |

| | | 17.110.110 | | | |
|-----------------------------|--------------|---|-------------------------|--|-----|
| I hereby ap | point: | | | Place Customer | |
| ⊠ Practitio | ners at Cu | ustomer Number 29737 | | Number Bar Code | |
| ☐ Practitio | nor(s) nan | ned below: | | | |
| | inci(3) man | Name | Regis | ration Number | |
| <u> </u> | | Name | 1,09.0 | | |
| | | | | | |
| Ī | | | | | |
| | | | | | |
| - | | | | | |
| L | | | | | |
| as my/our at Trademark (| ttorney(s) o | or agent(s) to prosecute the applicatio nected therewith. | n identified above, and | t to transact all business in the Patent and | |
| Please cha | ange the co | orrespondence address for the above- | identified application | 0: | |
| _ | ove-menti | ioned Customer Number. | | Place Customer | |
| _ | ners at Cu | ustomer Number | | Number Bar Code Label here | |
| OR | | Ĭ | | | |
| Firm <i>or</i> | ni Nama | | | | |
| Address | airianic | | | | |
| Address | | | | | |
| City | 1445 | | State | ZIP | |
| Country | | | | | |
| Telephone | | | Fax | | |
| I am the: | | | | | |
| | ant/Invent | or. | | | |
| '' | | | | | |
| | | ord of the entire interest. See 37 CFR | | | |
| Certific | ate under | 37 CFR 3.73(b) is enclosed. (Form P | TO/SB/96). | | |
| | | SIGNATURE of Appli | icant or Assignee of | Record | |
| Name | Iqbal Ah | nmed | | | |
| Signature | 311. | al Almed | | | |
| Date | 1 /2 | 3/08/04 | | · | |
| NOTE: Sign | atures of | all the inventors or assignees of rec | ord of the entire inte | est or their representative(s) are require | ∌d. |
| Submit multi | iple forms | if more than one signature is requir | red, see below*. | | |
| | 4 forms | are submitted. | | | |

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any Comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Express Hell No. EV 325 031107 (pe a plus sign (+) inside this box PTO/SB/81 (02-01) Approved for use through 10/31/2002. OMB 0651-0035 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. 10/685,080 **Application Number** October 14, 2003 Filing Date POWER OF ATTORNEY OR Igbal Ahmed First Named Inventor **AUTHORIZATION OF AGENT** Group Art Unit **Examiner Name** 5003073-046US1 Attorney Docket Number I hereby appoint: Place Customer ☑ Practitioners at Customer Number 29737 Number Bar Code Label here OR ☐ Practitioner(s) named below: Registration Number Name as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the Patent and Trademark Office connected therewith. Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. Place Customer Number Bar Code OR Practitioners at Customer Number Label here OR Firm or Individual Name Address Address ZIP State City

Country

Telephone

Name

Signature

Date

Applicant/Inventor.

Angela M. Jones

*Total of 4 forms are submitted.

105

Assignee of record of the entire interest. See 37 CFR 3.71.

Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

Submit multiple forms if more than one signature is required, see below*.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any Comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required.

Fax

SIGNATURE of Applicant or Assignee of Record

Express Mail No. EV 325 031 109 type a plus sign (+) inside this box -> + Approved for use through 10/31/2002. OMB 0651-0035 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE he Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number 10/685,080 **Application Number** EN THADEN October 14, 2003 Filing Date POWER OF ATTORNEY OR Igbal Ahmed First Named Inventor **AUTHORIZATION OF AGENT** Group Art Unit **Examiner Name** 5003073-046US1 Attorney Docket Number I hereby appoint: Place Customer ☑ Practitioners at Customer Number 29737 Number Bar Code Label here OR Practitioner(s) named below: Registration Number Name as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the Patent and Trademark Office connected therewith. Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. Place Customer

OR

OR ☐ Firm or

Address Address

Telephone I am the:

Name Signature

City

Individual Name

Applicant/Inventor.

Scott Tomlin

Total of 4 forms are submitted.

Assignee of record of the entire interest. See 37 CFR 3.71.

8

Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

104

Submit multiple forms if more than one signature is required, see below*.

Practitioners at Customer Number

Number Bar Code

Label here

ZIP

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any Comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required.

SIGNATURE of Applicant or Assignee of Record

State

Fax

Express Mall Ma EU 325 UOL 10 /

easa type a plus sign (+) inside this box -> | +| PTO/SB/81 (02-01) Approved for use through 10/31/2002. OMB 0651-0035 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. 10/685.080 Application Number October 14, 2003 Filing Date POWER OF ATTORNEY OR lqbal Ahmed First Named Inventor **AUTHORIZATION OF AGENT** Group Art Unit **Examiner Name** 5003073-046US1 Attorney Docket Number I hereby appoint: Place Customer ☑ Practitioners at Customer Number 29737 Number Bar Code Label here Practitioner(s) named below: Registration Number Name as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the Patent and Trademark Office connected therewith. Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. Place Customer Number Bar Code OR Label here Practitioners at Customer Number OR ☐ Firm or Individual Name Address Address ZIP State City Country Fax Telephone I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Scott J. Smith Signature 127/041 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any Comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office. Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Submit multiple forms if more than one signature is required, see below*.

| Form PTO-1595 RECORDATION FORM (Rev. 10/02) OMB No. 0651-0027 (exp. 6/30/2005) | S ONL Types Mail No. 6/305 03/109 |
|--|---|
| Tab settings ⇔ ⇔ ⇔ MAR ▼ 7 2004 € | * * * |
| To the Honorable Commissioner of Patents and Trademarks: P | lease Record the attached original documents or copy thereof. |
| 1. Name of conveying party(ies): Iqbal Ahmed Angela M. Jones Scott Tomlin Scott J. Smith Additional name of conveying party(ies) attached? Yes No | 2. Name and address of receiving party(ies) Name: Stockhausen, Inc. Internal Address: |
| 3. Nature of conveyance: | Street Address: 2401 Doyle Street |
| ☐ Security Agreement ☐ Change of Name | City: Greensboro State: NC Zip: 27406 |
| Other Execution Date: <u>3/8/04; 3/5/04; 3/8/04; 3/5/04</u> | Additional Name(s) & address(es) attached? ☐ Yes ☒ No |
| If this document is being filed together with a new application A. Patent Application No.(s) 10/685,080 Additional numbers atta | B. Patent No.(s) ached? Yes No |
| Name and address of party to whom correspondence concerning this document should be mailed: | 6. Total number of applications and patents involved: 1 |
| Name: SMITH MOORE LLP | 7. Total fee (37 CFR 3.41) \$ <u>40</u> |
| Internal Address: Philip P. McCann | ⊠ Enclosed |
| P.O. Box 21927 | Authorized to be charged to deposit account |
| Greensboro, NC 27420 | Deposit account number: |
| Street Address: 300 N. Greene Street Suite 1400 | 50-2190 |
| City: Greensboro State: NC Zip: 27401 | (Attach duplicate copy of this page if paying by deposit account) |
| DO NOT USE | THIS SPACE |
| 9. Statement and signature. To the best of my knowledge and belief, the foregoing information is a true copy of the original document. Stanislav Antolin Name of Person Signing | mation is true and correct and any attached copy |

ASSIGNMENT

WHEREAS, we, IQBAL AHMED, SCOTT TOMLIN and SCOTT J. SMITH, residing respectively at Greensboro, North Carolina and ANGELA M. JONES, residing respectively at High Point, North Carolina, have invented certain new and useful improvements in

SUPERABSORBENT POLYMER AQUEOUS PASTE AND COATING

for which an application for Letters Patent of the United States of America was executed on 14 October 2003; Application Serial No.: 10/685,080;

WHEREAS, Stockhausen, Inc., a North Carolina corporation doing business at Greensboro, North Carolina, is desirous of acquiring the entire interest in said invention, and in any and all Letters Patent of the United States that may be obtained therefor;

NOW, THEREFORE, be it known that for and in consideration of other valuable consideration, the receipt and sufficiency whereof are hereby acknowledged, we have sold, assigned and transferred, and by these presents do sell, assign and transfer unto the said corporation, its legal representatives, successors and assigns, the full and exclusive right to the said invention as fully set forth and described in the above-mentioned application, and to said application and any and all divisions and continuations thereof, and any and all Letters Patent of the United States which may be granted therefor, and any and all reissues of said Letters Patent, the same to be held and enjoyed by the said corporation, its legal representatives, successors and assigns, to the full end of the term for which said Letters Patent may be granted or may be reissued or extended, as fully and entirely as the same would have been held by us had this assignment and sale not been made.

AND we hereby authorize the Commissioner of Patents to issue any and all Letters Patent of the United States on said invention or resulting from said Application and from any and all divisions and continuations thereof to the said corporation as the assignee of the entire right, title and interest in and to the same.

IN TESTIMONY WHEREOF, we have hereunto set our hands and seal.

| / O !! | 2 | 03-15-04 | 12499 90000000 | MISSING PARTS FEE | 130.00 |
|--------|---|----------|----------------|-------------------|--------|
| | | | | | |
| | | | | TOTAL | 130.0 |

| 7 | WARNING - THIS CHECK IS PROTECTED BY SE | PECIAL SECURITY GUARD PROGRA | ANI " FEATURES | <u> </u> |
|-----------------------------|--|---|----------------|----------|
| · - | K DATE SMITH MC | | CHECK NO. | 30922 |
| Bank of Amer Greensboro, | P.O. BO GREENSBORO, NOR | P.O. BOX 21927 GREENSBORO, NORTH CAROLINA 27420 | | 63 |
| | | | CHECK A | MOUNT |
| ONE HUNDS | RED THIRTY AND 00/100 DOLLARS | | *******130 | .00 |
| | | SMITH MOORE | LLP | |
| | | | ·. | |
| PAY TO THE | Commissioner For Patents And Trademarks | Darmona C.D. | · Anger + | |
| ORDER OF | EXPRESS Mail No. EU325031/09 CUBE FEATURES INCLUDE INVISIBLE FIBERS - MICROPRINTING - VOID FEAT | TWO SIGNATURES REQUIRED FO | | |

| | INV.# | INV. DATE | GENERAL LEDGER NO. | INV. DESCRIPTION | AMOUNT |
|--------|---------|------------|--------------------|-------------------------------|--------|
| MAR 1. | 031504B | . 03-15-04 | | INV. DESCRIPTION RECORDAL FEE | 40.00 |
| | | | | TOTAL | 40.00 |

| | WARNING - THIS CHECK IS PROTECTED BY SF | PECIAL SECURITY GUARI | D PROGRAM™ FI | EATURES | |
|---------------|---|--|---------------|------------------|-------|
| 1 | | SMITH MOORE LLP ATTORNEYS AT LAW | | CHECK NO. | 30928 |
| Bank of Amer | P.O. BO | P.O. BOX 21927 GREENSBORO, NORTH CAROLINA 27420 | | 63-63 631 | |
| Greensboro, | | | | | |
| | | | | CHECK A | TAUON |
| FORTY AND | 00/100 DOLLARS | | | *******40. | .00 |
| | | SMIT | H MOORE LLP | | |
| | | | · . | | |
| PAY TO THE | Commissioner For Patents And Trademarks | $\overline{\Omega}$ | A N.C. | | |
| ORDER OF | Express Mail No. EU 325031109 | TWO SIGNATURES REC | UIRED FOR AND | DUNTS OVER \$10, | |



Mailing Label Label 11-F June 2002

| Label 11-F. June 2002 | Post Office to Addressee | | Employee Signature | | Employee Signature |
|-----------------------|-------------------------------|----------------------------|------------------------------------|-----------|--------------------|
| | | AL USE ONLY) | Time | □ AM □ PM | Time |
| EXPRESS | UNITED STATES POSTAL SERVICE® | DELIVERY (POSTAL USE ONLY) | Delivery Attempt Time | Mo. Day | Delivery Attempt |
| EV 365U31101 US | | | Day of Delivery Flat Rate Envelope | Ne. | ! |
| EV JG | | OBIGIN IBOSTAL LISE ONLY | PO ZIP Code | - | |

| | Ž | 200000 | 3 | | į | 3 | | | |
|---|---------------------------|-------------|-----------------------|---|---|--|---|---|-----|
| Date to | ! | | Postnge | | Delivery Attempt | Attempt | Time | Employee Signature | |
| | | | • | | | ë | | | ٠ |
| Mo. Day Year | 12 Moon | J. N. | A | | MO. | Cay | | ÷ | |
| | Military | | Return Receipt Fee | ot Fce | Delivery Date | Date | Time | Employee Signature | |
| | | | | | M. | Day | □ AM □ PM | | |
| | Š | ry Code | COD Fee | Insurance Fee | WAIV | ER OF SIGNATUR | E (Domestic Only) | WAIVER OF SIGNATURE Domestic Only Additional merchandres insurance is void if | |
| į | | | | | walver of addresses | algnature la reque or addressee's Eq | sstad. I wish deliver jent (if delivery empl | wehver of algorature is requested. I wish delivery to be made without obtaining algorature of addresses or addresses is agent if delivery or molyone publices and such can be full because addresses or addresses in agent if the consequence addresses or addresses to a full publication. | |
| No Delivery | Acceptance Clerk Initials | rk Initials | Total Postage & Fees | & Fees | NO DELL | OCATION) and I ELLINOIZE UNIT UNIT NO DELIVERY [] Weakend | | | |
| Weakend Holiday | | | \$ | | | | _ | Customer Bignature | |
| GUSKOMERUSE ONLY METHOD OF PAYMENT: | 47.141.7X | 5 | | | Freiend Agency Acrt. 18 Postal Service Acrt. 180 | Figures Age to or Postal Service Age No | | | |
| can the broad love draw Sanativi | | | | | | | | | ` ; |
| FROM: (PLEASE PRINT) | PHONE | 35 J | PHONE 35 4 7 5 5 7 12 | 7.5 | 10. I | TO: (PLEASE PRINT) | £ | PHONE [] | - |
| SMITH MOOR | LL P | 1 31 | 1001 | r | 3 | Riy Si | n get | Mail Stop Missing Parts | |
| GREENSBORD | | 4 Z | 1 274 | 0 31 315 1100 27401-2167 | ? | MMI | 55, en | 1 4 / | |
| Dobra | Towes | مح | | | d. | O. B | P.O. BOX 1450 | 450 | |
| 777 | , | | | | 7 | 11/00 | dria, | Alexandria, VA 22315 | ! |
| , 5003073 | _ | 150940 | | T . | ۲, | 14777 | ` | 1,750 J | 10, |
| PRESS HARD. You are making 3 copies. | FOR PICE | KUP OR | TRACKI | FOR PICKUP OR TRACKING CALL 1-800-222-1811 www.usps.com | 0-222- | 1811 WW | w.usps.c | m = 5335 | |



Ma, '/ Step Missilf
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Date: 3-16-04
SN/Pat. No. 10/6/506
Filing/Issue Date: 10-14-03
Confirmation No. 4335
Applicant/Inventor: 7460/Hhmed

Kindly acknowledge receipt of the accompanying items listed below by placing your receiving stamp hereon and return mailing:

| ☐ IDS, PTO/SB/08A & documents ☐ Amendment/Response | ☐ Notice of Appeal ☐ Appeal Brief ☐ Issue Fee & Part B - Fee(s) Transmittal (PTOL-85) ☐ Maintenance Fee | R Response to Missing Parts C Certificate of Mailing/Express Mail P OTHER (Specify) | tam, |
|--|---|--|---|
| In Check for \$ 30 \$ \$ 40 | ☐ Specification pages ☐ Number of claims ☐ Declaration pages 3 ☐ Power of Attorney | © Assignment, Recordal Sheet & Fee ☐ Drawing pages ☐ Application Transmittal ☑ Fee Transmittal | ☐ Provisional Cover Sheet pages ☐ Application Data Sheet ☐ Nonpublication Request - 35 U.S.C. 122 |

SMITH MOORE LLP - Docket No. 0500 3073 _ 046 US1